## California State Library Library Services and Technology Act Fiscal Year

## PROPOSAL (LSTA 5)

Submit in sixteen (16) copies to be received by 4:30 p.m. on the date specified in the LSTA Planning Calendar, Attn: Jay Cunningham, Library Development Services, California State Library, P.O. Box 942837, Sacramento, CA 94237-0001 for mail. (Non-postal delivery: 900 N Street, Suite 500, Sacramento 95814). FAX is not acceptable. INFORMATION: Tel. (916) 653-5217.

	Project title:
2.	Applicant organization/jurisdiction:
3.	Address:
	ZIP+4:
4.	Applicant contact: Phone:
	Address (if different from #3):
	FAX: E-mail:
5.	Type of Library: System, Public, Academic, Special School
<b>5</b> .	Population: Client Total
7.	Participants:
8.	Amount of LSTA requested: \$
	Space below for Advisory Council use
(In	YES NO MAYBE
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Comments:

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9. Project Summary: include needs assessment process; needs; description of client/community involvement in project development; outline of plan; and long-term prospects for project continuation and/or continued benefits. BE SURE TO USE 12 POINT TYPE.

State Plan Reference :\_\_\_\_\_

Jurisdiction:

9. Project Summary: continued. Complete in space provided; **do not attach additional sheets**.

Jurisdiction:

10. Budget Summary:	LSTA (1)	Other funds (2)	In-kind (3)	Total (4)	
a. Salaries & Benefits		( )			
b. Library Materials					
c. Operation					
d. Equipment (\$5K+)					
e. Total for Objectives					
f. Indirect Cost					
g. Total					
Name:  Title:  Address:					
If different from page 1:					
Tel.:	FA	X:	_		
E-mail:					